

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         |           |        |          |
| O.I.P.E. CLASSIFIER       | <i>MS</i> | 45     | 10/25    |
| FORMALITY REVIEW          | <i>MS</i> | 823    | 11/16    |
| RESPONSE FORMALITY REVIEW | MT        | 823    | 04/09/01 |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date  |
|-------|-------|----------|-------|
| 1     | ✓     | ✓        | 10/25 |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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